

**APPLICATION FOR ZONING CERTIFICATE  
BRIMFIELD TOWNSHIP PORTAGE COUNTY, OHIO  
TELEPHONE: 330-678-0739 FAX: 330-678-6626**

The undersigned hereby applies for a Zoning Certificate, to be issued on the basis of the representation contained herein, all of which the applicant swears to be true.

**NOTE: You must call the Zoning Department at 330-678-0739 when your building compliance check is necessary for all new construction. A one day notice is necessary.**

**Property lines must be established.**

**LOCATION OF PROPERTY** \_\_\_\_\_  
**NAME OF OWNER** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**TELEPHONE** \_\_\_\_\_  
**OCCUPANT** \_\_\_\_\_  
**ZONING DISTRICT** \_\_\_\_\_

**NOTE: Site plans must be submitted for construction in Business, Industrial or Highway Services areas. For RESIDENTIAL CONSTRUCTION a sketch of lot showing proposed construction and/or existing building, with ALL dimensions and distances shown.**

<b>Main road frontage</b> _____	<b>Depth of lot from right of way</b> _____
<b>Set back from right of way</b> _____	<b>Dimension of building:</b>
<b>Side yard clearance:</b>	<b>Width</b> _____
<b>Left side</b> _____	<b>Depth</b> _____
<b>Right side</b> _____	
<b>Rear Yard Clearance</b> _____	<b>Height of Building</b> _____
<b>Township lot number</b> _____	<b>Sanitation Permit #</b> _____
<b>Use of building</b> _____	
<b>Number of stories</b> _____ <b>Basement Yes or No (circle one)</b> <b>Total square feet</b> _____	

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

**\$** \_\_\_\_\_ **Fee paid**

**Permit number** \_\_\_\_\_

**Check number** \_\_\_\_\_

**Receipt number** \_\_\_\_\_